Entered - 6-12-00 - sb CL00L0362 - GWENDOLYN BURNS

00- <sub>₹ -1180</sub>

CLAIM OF: BOBBY BOYCE

2315 Tellyride Drive Douglasville, Georgia 30135

For damages alleged to have been sustained as COM a result of a vehicular accident on January 25, 2000 at Cascade Road near the intersection of DAGE Shanter Trail.

BY: PUBLIC SAFETY AND LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **BOBBY BOYCE** the sum of \$1,000.00 in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on January 25, 2000 at Cascade Road near the intersection of Shanter Trail as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD CITY ATTORNEY

CHICAMATA SALAR SA

CONSENT AGENDA

APPROVED

WITHOUT SIGNATURE BY OPERATION OF LAW

ROSALIND RUBENS NEWELL

DEPUTY CITY ATTORNEY

COUNCIL



## MUNICIPAL CLERK ATLANTA, GEORGIA

00-R-1180

A RESOLUTION

BY PUBLIC SAFETY & LEGAL ADMINISTRATION COMMITTEE

BE IT RESOLVED BY the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to Bobby Boyce in the sum of \$1000.00 in full settlement and satisfaction of all claims, past, present and future, of every kind and character, for damages alleged to have been sustained as a result of a vehicular accident on January 25, 2000 at Cascade Road near the intersection of Shanter Trail as is more particularly set forth in the within claim; said sum taken from and charged to Account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

A true copy,

Municipal Clerk CMC

ADOPTED by the Council
RETURNED WITHOUT SIGNATURE OF THE MAYOR
APPROVED as per City Charter Section 2-403

AUG 07, 2000

AUG 16, 2000

## **DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY**

| Claim No. 00L0362                                                   | Date: <u>July 20, 2000</u>                                                                                                         |  |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                     |                                                                                                                                    |  |
| Claimant /VictimBOBBY BOYCE BY: (Atty) (Ins. Co.)                   |                                                                                                                                    |  |
| BY: (Atty) (Ins. Co.) Address: 2315 Tellyride Drive, Douglasvi      | lle, Georgia 30135                                                                                                                 |  |
| Subrogation: Claim for Property damage:                             | \$ 2,677.00 Bodily Injury \$                                                                                                       |  |
| Date of Notice: 5/30/00 Method:                                     | Written, Proper X Improper X Improper X Ante Litem (6 Mo.) X Value: Cascade Road, SW & Shanter Trail, SW Sion Solid Waste Services |  |
| Conforms to Notice: O.C.G.A. §36-33-5                               | X Ante Litem (6 Mo.) X                                                                                                             |  |
| Date of Occurrence 1/25/00                                          | lace: Cascade Road, SW & Shanter Trail, SW                                                                                         |  |
| Department PUBLIC WORKS Divi                                        | sion Solid Waste Services                                                                                                          |  |
| Employee involved <u>Jerome Stripling</u> Discipling                | ary Action: Pending Safety Board Review                                                                                            |  |
|                                                                     | ned damage when it was rear ended by a city vehicle. The City                                                                      |  |
| INVESTIGATION:                                                      |                                                                                                                                    |  |
| Statements: City employee Claimant<br>Pictures Diagrams Reports: Po | Others Written Oral<br>lice X Dept Report Other                                                                                    |  |
| Traffic citations issued: City Driver X                             | Claimant Driver                                                                                                                    |  |
| Citation disposition: City Driver                                   | Claimant Driver                                                                                                                    |  |
| BASIS OF RECOMMENDATION:                                            |                                                                                                                                    |  |
| Function: Governmental X                                            | Ministerial Other Damages reasonableX                                                                                              |  |
| Improper Notice More than Six Months                                | Other Damages reasonable X                                                                                                         |  |
| City not involved Offer re                                          | ejected Compromise settlement X                                                                                                    |  |
| Repair/replacement by Ins. Co.                                      | Repair/replacement by City Forces  X Joint Claim Abandoned                                                                         |  |
| Claimant Negligent City Negligent_                                  | X Joint Claim Abandoned                                                                                                            |  |
|                                                                     | Respectfully submitted,                                                                                                            |  |
|                                                                     | Quencloby B                                                                                                                        |  |
|                                                                     | INVĒSTIGATOR - GWENDOLYN BURNS                                                                                                     |  |
| RECOMMENDATION:                                                     | V                                                                                                                                  |  |
| Pay \$ 1,000.00 Adverse Claims Manager:                             | Account charged: 1A01 X 2J01 2H01 Concur/date 7120 2000                                                                            |  |
| Committee Action:                                                   | Council Action                                                                                                                     |  |
| Committee Action.                                                   |                                                                                                                                    |  |

FORM 23-61

BURNS 06/09/10 DR DAMAGES

| COUNCIL OF THE CITY OF ATLANTA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | RE: CLAIM FOR DAMAGES                                                            | au                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------|
| MUNICIPAL CLERK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Today's Date: 5-21.00                                                            | <b>.</b>                              |
| City Hall 55 Trinity Avenue, S.W.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                  |                                       |
| Atlanta, Georgia 30335 MAY 3 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | RED - 6-12-00 - SB                                                               |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |                                       |
| This is to notify the City of Atlanta that I have suffered damages in the and/or \$ 1,764.00 bodily injury for which I contend the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | amount sum of \$ 2 ) E 1 1. City is liable.                                      | _ prop <b>er</b> ty                   |
| and/or \$ 1,76 4.00 bodily injury for which I contend the  1. Date of incident:     HW . 25-00   2. Time of Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ident: 11.35 HV3. Police called: Yes                                             | No                                    |
| 4. Location of incident (including street address): 450 Ade                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Rd. 4+ the intersection 51                                                       | inster +                              |
| 5. Name of your insurance company: 5/ALC FIFTM (770)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 932-7664 Policy No. 182890                                                       | 1625-11                               |
| 6. State what and how incident occurred: Rear Ende                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ed while setting at Red                                                          | · · · · · · · · · · · · · · · · · · · |
| Light on Pascade Rd.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Ì                                                                                |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |                                       |
| 7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO IN<br>RESULT IN YOUR CLAIM BEING DENIED AND MAY RE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SPECTION.    THE MAKING OF FALSE CLAI<br>SULT IN CRIMINAL PROSECUTION!           | MS WILL                               |
| 8. The registered owner must make the claim for vehicle damages,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                  | of repair and                         |
| proof of awaership of your vehicle (conv of the current tag receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | or title).                                                                       | _                                     |
| Your vehicle: Buick 1989 (Make) (Year) (Table of the City vehicle: Two Make) (City Driver's Name of the City Driver's Name | 58634QF LABBunda                                                                 | Doyce                                 |
| (Make) (Year) (Ta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ag Number) (Driver's Name)                                                       | )<br>}                                |
| City vehicle: LW terna tional Devor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ne Stripling ORnitA                                                              | HION                                  |
| (Make) (City Driver's Nation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (50)                                                                             |                                       |
| 9. Witness:(Name) (Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (Telephone Number)                                                               | <u> </u>                              |
| 10. The acknowledgment of this claim in no way waives the State law, nor is it an admission of liability on behalf of the City of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sovereign immunity of the City of Atlanta, as of Atlanta and/or its employee(s). | granted by                            |
| 11. This claim should be mailed immediately to the address shown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | a above.                                                                         |                                       |
| I HEREBY SWEAR OR AFFIRM THAT THE ABOVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | BOBBY BOYCE                                                                      |                                       |
| INFORMATION IS TRUE AND CORRECT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Time Classiant of Fame)                                                         | •                                     |
| Batter Boyce                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2315 TEHURIDE DE<br>(Address)                                                    | <u></u>                               |
| Signature of Claimant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ,                                                                                |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Douglas Uille GA 3 (City, State and Zip Code)                                    | 50/33                                 |
| 00- <sub>0</sub> -1180                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 678-83                                                                           | 8-45                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Work Number) (Home Num                                                          |                                       |

## Atlanta City Council

Regular Session

CONSENT 1

. Pages 1-15 KP

Adopt

YEAS: 13

NAYS: 0

SEE ATTACHED LISTING OF ABSTENTIONS: 0 ITEMS ADOPTED/ADVERSED

NOT VOTING: 2 ON CONSENT AGENDA EXCUSED: 0

1

ABSENT

NV McCarty Y Dorsey Y Moore Y Thomas ITEM (S) REMOVED FROM Y Woolard Y Starnes Y Martin B Emmons CONSENT AGENDA Y Bond Y Morris Y Maddox Y Alexander 00-O-1102 Y Winslow Y Muller Y Boazman NV Pitts

00-R-1197 00-R-1106 00-R-1123

00-R-0721

| 08/07/00 Council Meeting |               |                |
|--------------------------|---------------|----------------|
| ITEMS ADOPTED            | ITEMS ADOPTED | ITEMS ADVERSED |
| ON CONSENT               | ON CONSENT    | ON CONSENT     |
| AGENDA                   | AGENDA        | AGENDA         |
|                          | 110211211     |                |
| 1. 00-O-1009             | 41. 00-R-1175 | 64. 00-R-1148  |
| 2. 00-O-1010             | 42. 00-R-1176 | 65. 00-R-1149  |
| 3. 00-O-1011             | 43. 00-R-1177 | 66. 00-R-1150  |
| 4. 00-O-1012             | 44. 00-R-1178 | 67. 00-R-1151  |
| 5. 00-O-1079             | 45. 00-R-1179 | 68. 00-R-1152  |
| 6. 00-O-0834             | 46. 00-R-1180 | 69. 00-R-1153  |
| 7. 00-O-1065             | 47. 00-R-1181 | 70. 00-R-1154  |
| 8. 00-O-1004             | 48. 00-R-1182 | 71. 00-R-1155  |
| 9. 00-O-1112             | 49. 00-R-1183 | 72. 00-R-1156  |
| 10. 00-R-1139            | 50. 00-R-1184 | 73. 00-R-1157  |
| 11. 00-R-1140            | 51. 00-R-1185 | 74. 00-R-1158  |
| 12. 00-R-1141            | 52. 00-R-1186 | 75. 00-R-1159  |
| 13. 00-R-1142            | 53. 00-R-1187 | 76. 00-R-1160  |
| 14. 00-R-1144            | 54. 00-R-1188 | 77. 00-R-1161  |
| 15. 00-R-1204            | 55. 00-R-1189 | 78. 00-R-1162  |
| 16. 00-R-1208            | 56. 00-R-1190 | 79. 00-R-1163  |
| 17. 00-R-1209            | 57. 00-R-1191 | 80. 00-R-1164  |
| 18. 00-R-1210            | 58. 00-R-1192 | 81. 00-R-1165  |
| 19. 00-R-1106            | 59. 00-R-1193 | 82. 00-R-1166  |
| 20. 00-R-1146            | 60. 00-R-1199 | 83. 00-R-1167  |
| 21. 00-R-1147            | 61. 00-R-1200 | 84. 00-R-1168  |
| 22. 00-R-1194            | 62. 00-R-1201 | 85. 00-R-1169  |
| 23. 00-R-1203            | 63. 00-R-1202 | 86. 00-R-1170  |
| 24. 00-R-1205            |               | 87. 00-R-1171  |
| 25. 00-R-1212            |               | 88. 00-R-1172  |
| 26. 00-R-1213            |               | 89. 00-R-1173  |
| 27. 99-R-1145            |               | 90. 00-R-1174  |
| 28. 99-R-1932            |               |                |
| 29. 00-R-1108            |               |                |
| 30. 00-R-1110            |               |                |
| 31. 00-R-1129            |               |                |
| 32. 00-R-1130            |               |                |
| 33. 00-R-1131            |               |                |
| 34. 00-R-1134            |               |                |
| 35. 00-R-1206            |               |                |
| 36. 00-R-1121            |               |                |
| 37. 00-R-0329            |               |                |
| 38. 00-R-1136            |               |                |
| 39. 00-R-1137            |               |                |
| 40. 00-R-1138            |               |                |